



202464113538



**STATE OF CALIFORNIA**  
*Office of the Secretary of State*  
**ARTICLES OF ORGANIZATION**  
**CA LIMITED LIABILITY COMPANY**  
 California Secretary of State  
 1500 11th Street  
 Sacramento, California 95814  
 (916) 657-5448

For Office Use Only

**-FILED-**

File No.: 202464113538

Date Filed: 10/5/2024

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|  |   |
|--|---|
| Limited Liability Company Name   |   |
| Limited Liability Company Name   | Optimal Parenting LLC   |
| Initial Street Address of Principal Office of LLC  |   |
| Principal Address  | 240 GRANELLI AVE<br>HALF MOON BAY, CA 94019                         |
| Initial Mailing Address of LLC   |   |
| Mailing Address  | 240 GRANELLI AVE<br>HALF MOON BAY, CA 94019                         |
| Attention  |   |
| Agent for Service of Process   |   |
| California Registered Corporate Agent (1505)   | NORTHWEST REGISTERED AGENT, INC.<br>Registered Corporate 1505 Agent |
| Purpose Statement  |   |
| The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act. |   |
| Management Structure   |   |
| The LLC will be managed by   | One Manager   |
| Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.  |   |
| Electronic Signature   |   |
| <input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.                              |   |
| <i>Lisa Anne Hinshelwood</i>   | <i>10/05/2024</i>   |
| Organizer Signature  | Date  |